

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18579**
Registrar's No. **62**

FILED JUN 11 1943

Primary Registration District No. **5877**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Altamora-Rural-Pine TS W.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 - Year (Specify whether years, months or days)
In this community 4 - Year
3. (a) PRINT FULL NAME Paul A. Hickinbotham
3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. B. Hickinbotham 6. (c) Age of husband or wife if alive 14 - 1862 years (Month) (Day) (Year)
7. Birth date of deceased 4 - 14 - 1862 (Month) (Day) (Year)
8. AGE: Years 81 Months 1 Days 16 If less than one day hr. min.
9. Birthplace Lyndon Valley Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Wm. Knowlton
13. Birthplace Mound Co. Ohio (City, town, or county) (State or foreign country)
14. Maiden name Melissa Williams
15. Birthplace Greenville Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Jane Hickinbotham
(b) Address Dural
17. (a) Dural (b) Date thereof 6-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Plainview Ohio
18. (a) Signature of funeral director Ray Can
(b) Address 9th Ave. W.
19. (a) 5/31 1943 (b) Hung H. Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Oregon
(c) City or town Altamora-Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (None) No
If yes, name country 1)
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 30 year 1943 hour 10 minute 30 a.m.
21. I hereby certify that I attended the deceased from April 15 1943 to May 29 1943
that I last saw him alive on May 29 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction
Duration 2 1/2 hr
Due to 938
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. H. Williams (M. D. or other) Altamora
Address Altamora Date signed 5/24/43

RECEIVED

District Health Officer No. 5,

District File Number 643354

Date Filed 6-7-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.